

9th January 2014

QUALITY IN CARE HOMES

Ward(s) All

Portfolios: Cllr Barbara McCracken

1.Executive Summary:

The Social Care and Inclusion Directorate of Walsall Council has proposed to achieve £300,000 savings toward the projected revenue deficit by deleting the Quality assurance team (which currently consists of a service manager, three quality assurance officers, a policy and procedures officer and an information analyst), reviewing all current functions of the quality team in line with current quality monitoring and assurance functions across health and social care, identifying any potential gaps and addressing alternative arrangements to address these gaps.

2. Reason for scrutiny:

The Health and the Social Care Scrutiny and Performance Panels have requested a paper seeking assurance on how the process of quality monitoring will be continued once the Quality Team is no longer in operation.

3. Recommendations:

That:

The ultimate responsibility for the quality of care within the residential care and nursing homes in Walsall rests with the Joint Commissioning Unit. Their role should be clarified to ensure that they have a responsibility to bring together in a co-ordinated way the range of different intelligence that exists within Walsall Council and where appropriate with the Care Quality Commission.

1. The responsibility for Quality and Co-ordinating the responses of the different parts of the system rests within the Joint Commissioning Unit;
2. The Quality Board will remain in existence and continue its current function to: Co-ordination role of all quality assurance processes, regular reviews of quality assurance, identifying potential areas for improvement across the sector;
3. The Quality Board will be jointly chaired by the Clinical Nurse Lead in the Clinical Commissioning Group and the Head of the Joint Commissioning Unit
4. That the role the Quality Board will focus more proactively on shaping market provision by influencing commissioning strategy for external provision and thereby holding Walsall providers more directly to account for poor quality.

4. Background

The Care Quality Commission

4.1 The quality of standards in care homes is monitored on an ongoing basis between the Care Quality Commission (CQC), Walsall Council and Walsall Clinical Commissioning Group (CCG). There are over 70 care homes within Walsall Borough, each one having a registration with the Care Quality Commission.

4.2 In October 2013 CQC proposed new plans to monitor, inspect and regulate care homes within England, introduce a rating award for care homes and improve the inspection process by increasing capacity and expertise of inspection teams. (this new approach is outlined in the document – “A fresh start for the regulation and inspection of adult social care”. This report states that in future the Care Quality Commission Inspections will focus on 5 key questions about care services that are regulated:

Are they safe?

Are they effective?

Are they caring?

Are they responsive?

Are they well-led?

4.3 As part of these changes CQC will re-introduce star ratings for care homes. They report that they will see both qualitative and quantitative data to assist them in coming to a judgement. These will include the following evidence:

More systematic collection of people’s views and experiences – including complaints.

Inspection teams would include more “experts by experience”.

Tougher actions in relation to breaches in regulation

Checking on new providers at the time they apply to register to ensure they have the right motive, values as well as ability and experience

The ratings will be designed to promote people’s choice of care setting

Frequency of inspections will depend on the ratings

Better use of data and analysis to target the inspection resources

New standards to underpin the 5 questions above

Working closely with Local Authorities to avoid duplication of effort

Focus on leadership, governance and culture with a different approach for larger or smaller providers.

Better use of technology to capture people’s views

Specific guidance on expectations for the induction and training of staff who work in adult social care

Work to ensure a more open culture in care homes and better integration with local communities

Allowing providers to pay for additional inspection to help them gain quality standards

Finding a better way to regulate supported living schemes

Potential use of mystery shoppers and hidden cameras to monitor care.

4.4 These changes will take full effect from March 2016. The proposals will start to be implemented from the spring of 2014. There will be more attention on this market and an expectation that standards of care are met.

4.5 This radical change in the role that CQC will play in the care market does overlap with some of the current role that the Council's Quality Team offer in sustaining and developing quality in care homes. This is one of the reasons why the closure of the Unit has been offered as an option in the budget setting.

Walsall Council's Quality functions

4.6 Within Walsall there are currently a range of quality assurance activities undertaken by a range of functions across the council and health, this includes, Commissioning in the Joint Commissioning Unit; Adult Safeguarding Service in Access, Assessment and Care Management; Quality assurance team; Managing the complaints process; Contracting in the Procurement Team; and Infection Control in Public Health. In addition, Social Workers who arrange for placements in residential care homes are responsible for maintaining ongoing case management and review, and there is a separate team who arrange for reviews for people in residential care for whom the Council has a responsibility.

4.7 The Councils contracting team in Procurement produce a monthly report which identifies all the incidents that have been reported from care homes in the previous month. This report enables the Quality Board to focus on the homes which are presenting the greatest problems and to ensure that these are being handled appropriately – including the stopping of new placements and the eventual decision to stop all placements and move residents out in exceptional circumstances. This process is overseen by the Joint Commissioning Unit bringing all of that intelligence together.

The Clinical Commissioning Groups' responsibilities for Quality

4.8 Quality of clinical service delivery is a key monitoring function of the Clinical Commissioning Group (CCG); this includes medicines management reviews, monitoring, recording and management of pressure ulcers, hospital avoidance schemes, end of life support, clinical support and leadership arrangements. The Continuing Health Care Team in the Joint Commissioning Unit commissions ongoing assessment and review of people in care homes funded by the CCG from Walsall Healthcare Trust nurses and the Dudley and Walsall Mental Health Trust.

The future management of Quality in the Council

4.9. The key challenge for the future is to ensure a more streamlined deployment of officers within the Council (as identified) who have some responsibility for quality and the information from the newly invigorated Care Quality Commission are brought together in a co-ordinated way. The Quality Board will hold that responsibility. The Joint Commissioning Unit will ensure that the right information is being considered by the Board. It is accepted that this will put the Council in a more reactive than proactive position in relation to the care market.

4.10. The key question is what can the Council afford to deliver in a period where Government Policy will reduce the amount of money available to fund adult social care by about 33% over the period of this Spending Round (up until 2017-18)? Does this approach both continue to ensure that quality is monitored in the care market and enable the council to work with the Care Quality Commission on the right standards for care in Walsall?

Background papers:

Care Quality Commission – A fresh start for the regulation and inspection of adult social

care. 2013

Resource and legal considerations:

Financial considerations

In making these changes the Council will be able to reduce its spending in Adult Social care by £300,000. This is part of a contribution of circa £6 million that Adult Social Care will be required to make to the Council's overall savings plan for 2013-14. If this saving is not taken alternative savings may have to be found from elsewhere.

Citizen impact:

The Care Quality Commission will re-establish its role as the main body to inform citizens what is happening within residential care homes in Walsall.

Environmental impact:

None

Performance management:

Heath Scrutiny and Performance panel Sub group have previously seen the data dashboard that is regularly produced covering performance across the Nursing and Residential care provision sector. This report will continue to be available.

Equality Implications:

An Equality Impact Assessment has been undertaken based on the deletion of the entire Quality team. The assessment is being developed to take the option identified in this paper into account. .

Report Authors

Andy Rust Head of Joint Commissioning Walsall Council Walsall CCG ☎. 01922 654703 Andy.rust@walsall.nhs.uk	John Bolton Interim Executive Director Adult Social Care and Inclusion Walsall Council 01922 654700 boltonjohn@walsall.gov.uk	Peter Davis Head of Community Care Walsall Council ☎. 01922 654711 davispeter@walsall.gov.uk
--	---	--